



ARMCO INC.
Kansas City Offices

RECEIVED

MAR 07 1994

U. S. EPA, REGION V
Myrl R. Wear SWB - PMS
Manager, Environmental Affairs

February 28, 1994

Ms. Sally K. Swanson
RCRA Program Management Branch
U. S. EPA Region 5
RCRA Activities
P. O. Box A-3587
Chicago, IL 60690

RECEIVED
WMD RECORD CENTER

MAY 12 1994

Re: VSX Corporation
1750 Stephenson Highway
Troy, MI 48083
USEPA ID No. MID980901367

Dear Ms. Swanson:

In response to your request for submittal of a 1993 Hazardous Waste Biennial Report for the facility referenced above, please note for your records that VSX Corporation has gone out of business and ceased operations. VSX Corporation, a business wholly owned by Armco Inc. ceased operations in late 1992 and all remaining Hazardous waste were shipped off-site in November and December 1992. No Hazardous Waste was generated or shipped during 1993. The only material shipped off-site during 1993, was a minor amount of non-hazardous sludge generated from the clean-up of the facility.

If you have any questions concerning this facility, please call me at 816/242-5855.

Very truly yours,

Myrl R. Wear
Manager, Environmental Affairs

Enclosures

cc w/a: E. J. Blache
W. P. Freudenberger
D. F. Szwed
L. J. Moody

If this site is NOT required to file the 1993 Hazardous Waste Report, complete and return the attached postcard. The card indicates that you are exempt from the report requirement. EPA will use the postcards to distinguish sites that are exempt from reporting from those sites that are out of compliance. Return the card to the address list beginning on page vi of the instructions.

This site is exempt from the requirement to file the 1993 Hazardous Waste Report because:

- ☒ the site was not a RCRA Large Quantity Generator in 1993

AND

- ☒ the site did not treat, store, or dispose of RCRA hazardous wastes on site in units subject to RCRA permitting requirements in 1993.

It is expected that this site will remain exempt from the requirement to file the Hazardous Waste Report:

Check one:

☐

For 1993 only

☒

Permanently

☐

Other (Explain: _____)

EPA ID M.I.D. 9,8,0, 9,0,1 3,6,7

Site Name VSX Corporation

Site Location Address 1750 Stephenson Highway

City: Troy State: MT Zip 48083

Contact Name: MYRL R. WEAR

Phone Number of Contact: (816) 242-5855



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

77 WEST JACKSON BOULEVARD

CHICAGO, IL 60604-3590

APR - 8 1993

ARMCO Asset Mgmt
660 N. University Blvd
Middletown, OH 45042

REPLY TO THE ATTENTION OF:

4-6-93

Attn William Freudenberg

This is in response to your letter of 2-16-93 regarding
the following installation:

U.S. EPA ID NUMBER: MID980901367

LOCATION OF INSTALLATION: 1750 Stephenson
Tracy, MI 48083

According to the information submitted, you have indicated that this facility is no longer in need of the U.S. EPA ID number. Your ID number has been coded as an inactive number. DO NOT USE this number without re-notifying the U.S. EPA of your activity.

If you have any questions or need further assistance, please contact me at (312) 886-6173.

Sincerely,

Sharon Kiddon

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

Enclosure

cc: State Agency
File



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

77 WEST JACKSON BOULEVARD

CHICAGO, IL 60604-3590

USX

660 N University Blvd
Middletown, OH 45042

REPLY TO THE ATTENTION OF:

5/3/93

Attn: Paul Mazak

This is in response to your letter of Feb 9, 1993 regarding
the following installation:

U.S. EPA ID NUMBER: MID 980 901 367

LOCATION OF INSTALLATION: 1750 Stephenson Hwy
Troy, MI 48083

According to the information submitted, you have indicated that this facility
is no longer in need of the U.S. EPA ID number. Your ID number has been
coded as an inactive number. DO NOT USE this number without re-notifying the
U.S. EPA of your activity.

If you have any questions or need further assistance, please contact me at
(312) 886-6173.

Sincerely,

Sharon Kiddon

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

Enclosure

cc: State Agency
File



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

May 5, 1994

ARMCO INC
ATTN MYRL R WEAR
7000 WINNER RD
KANSAS CITY MO 64125 1492

This is in response to your letter of MID 980 901 367 regarding
the following installation:

U.S. EPA ID NUMBER: 1750 STEPHENSON HWY

LOCATION OF INSTALLATION: TROY MI 48083

According to the information submitted, you have indicated that this facility is no longer in need of the U.S. EPA ID number. Your ID number has been coded as an inactive number. DO NOT USE this number without re-notifying the U.S. EPA of your activity.

If you have any questions or need further assistance, please contact me at (312) 886-6173.

Sincerely,

A handwritten signature in cursive script that reads "Sharon Kiddon".

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

Enclosure

cc: State Agency
File



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

ARMCO Asset Mgmt
668 N. University Blvd
Middletown, OH 45042

REPLY TO THE ATTENTION OF:

4-6-93

Attn William Freudenberg

This is in response to your letter of 2-16-93 regarding
the following installation:

U.S. EPA ID NUMBER: MID980901367

LOCATION OF INSTALLATION: 1750 Stephenson
Troy, MI 48083

According to the information submitted, you have indicated that this facility is no longer in need of the U.S. EPA ID number. Your ID number has been coded as an inactive number. DO NOT USE this number without re-notifying the U.S. EPA of your activity.

If you have any questions or need further assistance, please contact me at (312) 886-6173.

Sincerely,

Sharon Kiddon

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

Enclosure

cc: State Agency
File



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

ARMCO Asset Mgmt
660 N. University Blvd
Middletown, OH 45042

REPLY TO THE ATTENTION OF:

4-6-93

Attn William Freudenberg

This is in response to your letter of 2-16-93 regarding
the following installation:

U.S. EPA ID NUMBER: MID980901367

LOCATION OF INSTALLATION: 1750 Stephenson
Troy, MI 48083

According to the information submitted, you have indicated that this facility
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U.S. EPA of your activity.

If you have any questions or need further assistance, please contact me at
(312) 886-6173.

Sincerely,

Sharon Kiddon

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

Enclosure

cc: State Agency
File



MAR 23 1993

RECEIVED

FEB 16 1993

LOC
ADD
U. S. EPA REGION V
SWB - PLS
VSX Corporation
1750 Stephenson Highway
Troy, Michigan 48083
(313) 680-2400
(313) 680-2427 FAX

** Certified Mail **



February 9, 1993

U.S. EPA Region V
RCRA Activities
Waste Management Division
P.O. Box A3587
Chicago, IL 60690

C-NN7

To Whom It May Concern:

This letter is to notify you that VSX Corporation has ceased operation and closed as of December 31, 1992.

All equipment, raw materials, waste and other material have been appropriately removed from the premises.

VSX Corporation's EPA Identification Number is MID 980 901 367. Please take whatever steps are necessary to insure our EPA Identification Number is inactivated. VSX Corporation is out of business and will not generate any more hazardous waste.

Please direct all future correspondence to:

ARMCO Asset Management
660 N. University Blvd.
Middletown, OH 45042
Phone: (513)420-5261
Fax: (513)420-5275
Attn: William P. Freudenberger

Sincerely,

Paul L. Mozak
Vice President
Finance and Administration

NN7



RECEIVED
WMD RCRA
RECORD CENTER 11 1993

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

Ves X

660 N University Blvd
Middletown, OH 45042

REPLY TO THE ATTENTION OF:

5/3/93

Attn: Paul Mazak

This is in response to your letter of Feb 9, 1993 regarding the following installation:

U.S. EPA ID NUMBER: MID 980 901 367

LOCATION OF INSTALLATION: 1750 Stephenson Hwy
Troy, MI 48083

According to the information submitted, you have indicated that this facility is no longer in need of the U.S. EPA ID number. Your ID number has been coded as an inactive number. DO NOT USE this number without re-notifying the U.S. EPA of your activity.

If you have any questions or need further assistance, please contact me at (312) 886-6173.

Sincerely,

Sharon Kiddon

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

Enclosure

cc: State Agency
File



RECEIVED

FEB 25 1993

U. S. EPA, REGION V
SWB — PMS

VSX Corporation
1750 Stephenson Highway
Troy, Michigan 48083
(313) 680-2400
(313) 680-2427 FAX

** Certified Mail **



February 9, 1993

Waste Management Division
Environmental Protection Bureau
Department of Natural Resources
P.O. Box 30038
Lansing, MI 48909

To Whom It May Concern:

This letter is to notify you that VSX Corporation has ceased operation and closed as of December 31, 1992.

All equipment, raw materials, waste and other material have been appropriately removed from the premises.

VSX Corporation's EPA Identification Number is MID 980 901 367. *NN7*
Please take whatever steps are necessary to insure our EPA Identification Number is inactivated. VSX Corporation is out of business and will not generate any more hazardous waste.

Please direct all future correspondence to:

ARMCO Asset Management
660 N. University Blvd.
Middletown, OH 45042
Phone: (513)420-5261
Fax: (513)420-5275
Attn: William P. Freudenberger

Sincerely,

Paul L. Mozak
Vice President
Finance and Administration

STATE OF MICHIGAN



JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES
Gordon E. Guyer, Director

S.E. MICHIGAN FIELD OFFICE
Waste Management Division
505 W. Main
Northville, MI 48167

October 7, 1987

NATURAL RESOURCES COMMISSION
THOMAS J. ANDERSON
MARLENE J. FLUHARTY
GORDON E. GUYER
KERRY KAMMER
O. STEWART MYERS
DAVID D. OLSON
RAYMOND POUPORE

Valcast,,Div. of GTE Valenite Corp.
1750 Stephenson Hwy.
Troy, MI 48083
ATTN: Ralph C. Fuller

RE: MID 980901367

Dear Mr. Fuller,

This letter is to acknowledge receipt of your letter dated September 28, 1987 indicating your compliance program for deficiencies cited during my inspection on August 27, 1987. I consider your response acceptable at this time and will evaluate the adequacy of your program during future inspections.

Thank you for your cooperation. If you have any questions, please contact me at (313) 344-4670.

Sincerely,

A handwritten signature in cursive script, appearing to read "Faye Dade".

Faye Dade
Environmental Quality Analyst

FD:bs
cc: B. Okwumabua
U.S. EPA, Region V
R. cattanach, GTE Valenite Corp.

NATURAL RESOURCES COMMISSION

THOMAS J. ANDERSON
MARLENE J. FLUHARTY
GORDON E. GUYER
KERRY KAMMER
O. STEWART MYERS
DAVID D. OLSON
RAYMOND POUPORE

STATE OF MICHIGAN



JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

Gordon E. Guyer, Director

S.E. MICHIGAN FIELD OFFICE
Waste Management Division
505 W. Main
Northville, MI 48167

September 15, 1987

Valcast, Div. of GTE Valenite Corp.
1750 Stephenson Hwy.
Troy, MI 48083
ATTN: Ralph C. Fuller

RE: MID 980901367

Dear Mr. Fuller,

On August 27, 1987, an inspection was conducted at your facility located at 1750 Stephenson Hwy., Troy, MI. The purpose of the inspection was to evaluate compliance of that facility with the Land Disposal Restriction requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA) of 1976, as amended.

As a result of that inspection, it has been determined that your facility is in violation of the following requirements:

1. Treatment standards identification. The facility did not determine the appropriate treatability group of the "F" Solvent waste. 40 CFR 268.41.
2. Waste Analysis. The facility did not determine whether the waste exceeds treatment standards based on 40 CFR 268.7 (a).
3. Management. For each shipment of restricted wastes (F001 - F005), the facility had not notified the treatment facility (including recyclers) in writing of the appropriate treatment standard concentration level for their wastes. The notice must include the EPA waste number, applicable treatment standard, manifest number and waste analysis, if available. 40 CFR 268.7 (a)(1).

Page 2, 9-15-87
Valcast
Troy, MI
RE: MID 980901367

We request your response by October 12, 1987 documenting your corrective actions to these violations.

If you have any questions, please contact me at (313) 344-4670.

Sincerely,



Faye Dade
Environmental Quality Analyst

Enclosure

FD:bs

cc: B. Okwumabua
EPA, Region V

Inspector: FAYE DROG
 Address: 505 W. Main
Northville, MI 48167
 Telephone No: 313-344-4670

RCRA LAND RESTRICTION P-SOLVENT
 GENERATOR CHECKLIST

I. HANDLER IDENTIFICATION

A. Handler Name VALCAST, DIV. OF GTE Valenite Corp. B. Street (or other identifier) 1750 Stephenson Hwy
 C. City Troy D. State MI E. Zip Code 48083 F. County Name Oakland
 G. Nature of Business; Identification of Operations Investment Castings
 H. EPA ID # MID 980901367
 I. Handler Contact (Name and Phone Number) Ralph C Fuller 313-589-6468

II. GENERATOR COMPLIANCE

A. F-Solvent Identification

1. Does the handler generate the following wastes?

a. F001 ☒ Yes ☐ No
 b. F002 ☐ Yes ☐ No
 c. F003 ☐ Yes ☐ No

If an F003 wastestream listed solely for ignitability has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic?

d. F004 ☐ Yes ☐ No
 e. F005 ☐ Yes ☒ No

2. Source of the above: Form 8700-12 ☒; Part A ☐; Part B ☐
 other (specify) manifest

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent wastes, if such wastes were not identified by the facility previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A. Note concerns below:

Handler Name: Dalcast
ID Number: _____
Inspector: _____
Date: _____

B. BDAT Treatability Group - Treatment Standards Identification

Comments

1. Did the generator correctly determine the appropriate treatability group [§268.41] of the waste (Wastewaters containing solvents, pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?

___ Yes ☒ No

Treatability group
is other.

C. Waste Analysis

1. Did the generator determine whether the waste exceeds treatment standards based on §268.7(a):

a. Knowledge of wastes

___ Yes ☒ No

b. TCLP

___ Yes ___ No

c. Other (specify) _____

If knowledge, note how this is adequate: _____

If determined by TCLP, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: _____

Note any problems: _____

- d. Were wastes tested using TCLP when a process or wastestream changes?

___ Yes ___ No

2. Did the F-solvent wastes exceed applicable treatability group treatment standards upon generation [§268.7(a)(2)]?

☒ Yes ___ No
___ Some

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [§268.3]

___ Yes ☒ No

D. Management

1. Onsite management

a. Were F-solvent wastes managed onsite?

___ Yes ☒ No

If yes, answer 1(b) and (c); if no, answer 2.

Handler Name: Volcast
ID Number: _____
Inspector: _____
Date: _____

Comments

- b. For wastes that exceed treatment standards, was treatment, storage, and/or disposal conducted? Yes No

If yes, TSDF Checklist must be completed.

- c. Are test results maintained in the operating record? Yes No

2. Offsite Management

- a. If F-solvent wastes exceed treatment standards, did generator provide treatment facility [268.7(a)(1)]:

- (i) EPA waste number? Yes ☐ No ☒
- (ii) Applicable treatment standard? Yes ☐ No ☒
- (iii) Manifest number? Yes ☐ No ☒
- (iv) Waste analysis data, if available? Yes ☐ No ☒

Identify offsite treatment facilities Safety Kleen, inc.

- b. If F-solvent wastes do not exceed treatment standards, did generator provide the disposal facility [268.7(a)(2)]:

- (i) EPA Hazardous waste number? ☐ Yes ☐ No
- (ii) Applicable treatment standard? ☐ Yes ☐ No
- (iii) Manifest number? ☐ Yes ☐ No
- (iv) Waste analysis data, if available? ☐ Yes ☐ No
- (v) Certification regarding waste and that it meets treatment standards? ☐ Yes ☐ No

Identify land disposal facilities receiving the BDAT certified wastes

- c. If waste is subject to nationwide variance (e.g., solvent-water mixtures less than 1%), extension (268.5) or petition (268.6) does generator provide notice to disposer that waste is exempt from land disposal restrictions [268.7(a)(3)]? Yes No

Handler Name: Volcast
ID Number: _____
Inspector: _____
Date: _____

E. Storage of F-Solvent Waste

Comments

1. Was F-solvent waste stored for greater than 90 days (after variance 180/270 days for SQG)?

___ Yes ☒ No

If yes, was facility operating as a TSD under interim status or final permit?

___ Yes ___ No

If yes, TSD Checklist must be completed.

F. Treatment Using RCRA 264/265 Exempt Units or Processes
(i.e., boilers, furnaces, distillation units, wastewater treatment tanks, etc.)

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes?

___ Yes ___ No

If yes, list type of treatment unit and processes

If the residuals from a RCRA-exempt treatment unit are above the treatment standards, the owner/operator is considered a generator of restricted waste. The inspector should determine whether the generator requirements, particularly waste identification requirements, have been met for the treatment residuals.



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

COPY

VSX CORPORATION HWY
ATTN: RALPH FULLER
1750 STEPHENSON
TROY MI 48083

RE: EPA ID #: MID 980 901 367

In response to your request of 3/25/91 the following
information has been updated:

Name of installation to	VSX CORPORATION HWY
Installation contact to	RALPH FULLER
Legal owner to	BALTIMORE SPECIALTY STEELS

If you have any questions, please contact me at (312) 886-6173.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sharon Kiddon".

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

cc: State Agency
File

6705

ID — For Official Use Only

C
WT/A C
1**X. Description of Hazardous Wastes (continued from front)****A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
X002					
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)☐ 1. Ignitable
(D001)☐ 2. Corrosive
(D002)☐ 3. Reactive
(D003)☒ 4. Toxic
(D000)**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

EPA Form 8700-12 (Rev. 11-85) Reverse

* X002 (PCB) Wastes From Capacitors

VALENITE

GTE

GTE Valenite Corporation
750 Stephenson Highway
P.O. Box 3950
Troy, Michigan 48007-3950
(313) 589-1000

February 21, 1990

U.S. EPA Region V
RCRA Activities
P.O. Box A-3587
Chicago, IL 60690

Re: EPA Hazardous Waste Report For Facility MID980901367

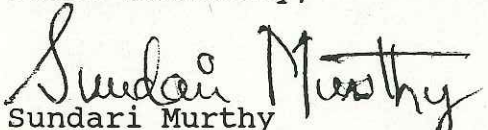
Dear Madam/Sir,

We wish to inform you that as of September 30, 1989, GTE Valenite Corporation does not own or operate the facility located at 1750 Stephenson Hwy., Troy, Michigan. The EPA ID for this location is MID980901367. In future, we will not be filing any report for this plant.

Enclosed please find the 1989 Hazardous Waste Report for this plant.

If you have any questions regarding this, please contact me at (313) 589-6005.

Yours Sincerely,


Sundari Murthy
Industrial Hygiene Intern

CC : Colleen Davlin
Richard Cattnach
Ralph Fuller

Change Name
to

GTE Valenite
Corp.

MID980901367

GTE VALERON CORP VALCAST DIV
1750 STEPHENSON HWY
TROY MI 48084

MID980901367

260759



U.S. ENVIRONMENTAL PROTECTION AGENCY

1989 Hazardous Waste Report

FORM

IC

IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 7 of the 1989 Hazardous Waste Report booklet before completing this form.

SEC. I Site name and location address. Complete Items A through H. Check the box ☒ in items A, B, D, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 7.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or _____		B. Site/company name Same as label <input type="checkbox"/> or <u>GTE VALENITE CORPORATION</u>	
C. Has the site name associated with this EPA ID changed since 1987? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No			
D. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label <input checked="" type="checkbox"/> or _____			
E. City, town, village, etc. Same as label <input checked="" type="checkbox"/> or _____	F. County <u>OAKLAND</u>	G. State Same as label <input checked="" type="checkbox"/> _____	H. Zip Code Same as label <input checked="" type="checkbox"/> _____

SEC. II Mailing address of site. Instruction page 7.

A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (COMPLETE SEC. II)		
B. Number and street name of mailing address <u>NA</u>		
C. City, town, village, etc. <u>NA</u>	D. State <u>NA</u>	E. Zip Code <u>WA</u>

SEC. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 7.

A. Please print: Last name <u>CATTANACH</u>	First name <u>RICHARD</u>	M.I. <u></u>	B. Title <u>ENV. COORD</u>	C. Telephone <u>313 589-6956</u> Extension <u> </u>
--	------------------------------	-----------------	-------------------------------	--

SEC. IV Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 8.

A. <u>3541</u>	B. <u>3398</u>	C. <u>NA</u>	D. <u>WA</u>
----------------	----------------	--------------	--------------

SEC. V I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Number of form pages submitted Form IC <u>2</u> Form GM <u>3</u> Form WR <u>NA</u> Form PS <u>NA</u>			
B. Please print: Last name <u>FULLER</u>		First name <u>RALPH</u>	C. Title <u>QUALITY ASSURANCE MGR</u>
D. Signature <u>[Signature]</u>		E. Date of signature <u>02 28 90</u> MO. DAY YR.	

Page 1 of

Sec. VI	Generator Status
A. 1989 generation (CHECK ONE BOX BELOW) Instruction page 8 <input type="checkbox"/> 1 No (CONTINUE TO BOX B) <input type="checkbox"/> 2 LQG <input type="checkbox"/> 3 SQG <input checked="" type="checkbox"/> 4 CESQG (SKIP TO SEC. VII)	B. Reason for not generating (CHECK ALL THAT APPLY) Page 10 <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Never generated <input type="checkbox"/> 2 Out of business <input type="checkbox"/> 3 Only excluded or delisted waste </div> <div> <input type="checkbox"/> 4 Only non-hazardous waste <input type="checkbox"/> 5 Periodic or occasional generator <input type="checkbox"/> 6 Waste minimization activity <input type="checkbox"/> 7 Other (SPECIFY IN COMMENTS) </div> </div>

Sec. VII	On-Site Waste Management Status	
A. Storage Instruction page 11 <div style="text-align: center;">↓</div>	B. RCRA treatment, recycling, or disposal Page 11 <div style="text-align: center;">↓</div>	C. RCRA-exempt treatment, recycling, or disposal Page 12 <div style="text-align: center;">↓</div>

Sec. VIII	Waste Minimization Activity during 1988 or 1989	
A. Did this site begin or expand a <u>source reduction</u> activity during 1988 or 1989? Instruction page 12 <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	B. Did this site begin or expand a <u>recycling</u> activity during 1988 or 1989? Page 13 <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	C. Did this site conduct a <u>source reduction or recycling opportunity assessment</u> during 1988 or 1989? Page 13 <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No
D. What factors have limited this site from initiating new <u>source reduction</u> activities during 1988 or 1989? (CHECK ALL THAT APPLY) Page 13 <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> 01 No factors have limited new source reduction activities. <input type="checkbox"/> 02 Insufficient capital to install new source reduction equipment or implement new source reduction practices. <input type="checkbox"/> 03 Lack of technical information on source reduction techniques applicable to the specific production processes. <input checked="" type="checkbox"/> 04 Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment. <input type="checkbox"/> 05 Concern that product quality may decline as a result of source reduction. <input type="checkbox"/> 06 Technical limitations of the production processes. <input type="checkbox"/> 07 Permitting burdens. <input type="checkbox"/> 08 Other (SPECIFY IN COMMENTS) </div> <div style="width: 50%;"></div> </div>		
E. What factors have limited this site from initiating new on-site or off-site <u>recycling</u> activities during 1988 or 1989? (CHECK ALL THAT APPLY) Page 13 <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> 01 No factors have limited new recycling activities. <input type="checkbox"/> 02 Insufficient capital to install new recycling equipment or implement new recycling practices. <input type="checkbox"/> 03 Lack of technical information on recycling techniques applicable to this site's specific production processes. <input checked="" type="checkbox"/> 04 Recycling not economically feasible: cost savings in waste management or production will not recover the capital investment. <input type="checkbox"/> 05 Concern that product quality may decline as a result of recycling. <input type="checkbox"/> 06 Requirements to manifest wastes inhibit shipments off site for recycling. </div> <div style="width: 50%;"> <input type="checkbox"/> 07 Financial liability provisions inhibit shipments off site for recycling. <input type="checkbox"/> 08 Technical limitations of product processes inhibit shipments off site for recycling. <input type="checkbox"/> 09 Technical limitations of production processes inhibit on-site recycling. <input type="checkbox"/> 10 Permitting burdens inhibit recycling. <input type="checkbox"/> 11 Lack of permitted off-site recycling facilities. <input type="checkbox"/> 12 Unable to identify a market for recyclable materials. <input type="checkbox"/> 13 Other (SPECIFY IN COMMENTS) </div> </div>		

Comments: <div style="height: 40px;"></div>

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME GTE VALENITE CORPORATION

1750 STEPHENSON HWY

EPA ID NO.

MID980901367



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1989 Hazardous Waste Report

FORM
GM

WASTE GENERATION AND
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 14 of the 1989 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description Instruction Page 15 <u>WASTE SODIUM HYDROXIDE SOLID-CORROSIVE MATERIAL</u>			
B. EPA hazardous waste code Page 15 <u>8002</u> <u>NA</u> <u>NA</u> <u>NA</u>		C. State hazardous waste code Page 16 _____		
D. SIC code Page 16 <u>3541</u>	E. Source code Page 16 <u>1A27</u>	F. Form code Page 16 <u>B319</u>	G. Origin Page 16 Code <u>1</u> System type <u>MI</u> <u>NA</u>	
H. TRI constituent Page 17 <u>3</u>	I. CAS numbers Page 17 1. <u>1310-73-2</u> 2. <u>NA</u> 3. <u>NA</u> 4. <u>NA</u> 5. <u>NA</u>			

Sec. II	A. Quantity generated in 1988 Instruction Page 17 <u>80</u>	B. Quantity generated in 1989 Page 17 <u>60</u>	C. UOM Page 18 <u>7</u>	D. Density Page 18 <u>NA</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	E. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW? Page 18 <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
SYSTEM 1 System type Page 18 <u>MI</u> Quantity treated, disposed or recycled in 1989 Page 18 _____			SYSTEM 2 System type Page 18 <u>MI</u> Quantity treated, disposed or recycled in 1989 Page 18 _____		

Sec. III	A. Was this waste shipped off site? Instruction Page 19 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)		
Site 1	B. EPA ID No. of facility to which waste was shipped Instruction Page 19 <u>MID048090633</u>	C. System type Page 19 <u>MI079</u>	D. Total quantity shipped in 1989 Page 19 <u>60</u>
Site 2	<u>NA</u>	<u>MI NA</u>	<u>NA</u>

Sec. IV	A. Waste minimization results in 1989 Instruction Page 20 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 21 <u>WI</u> <u>WI</u> <u>WI</u> <u>WI</u>	C. Other effects Page 21 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1989 due to new activities Page 21 _____	E. Activity/Production Index Page 21 _____	F. Source Reduction Quantity Page 22 _____	

Comments:

Sodium Hydroxide

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME GTE VALENITE CORPORATION

1750 STEPHENSON HWY

EPA ID NO.

MD980901367



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1989 Hazardous Waste Report

FORM
GM

WASTE GENERATION AND
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 14 of the 1989 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description Instruction Page 15 <u>WASTE FLAMMABLE LIQUID</u>				
B. EPA hazardous waste code Page 15 <u>F002</u> <u>NA</u> <u>NA</u> <u>NA</u>			C. State hazardous waste code Page 18 _____		
D. SIC code Page 16 <u>3541</u>		E. Source code Page 18 <u>109</u>		F. Form code Page 16 <u>B202</u>	
G. Origin Page 16 Code <u>1</u> System type <u>MI</u> <u>NA</u>					
H. TRI constituent Page 17 <u>1</u>		I. CAS numbers Page 17 1. <u>1310-73-2</u> 2. <u>NA</u> 3. <u>NA</u> 4. <u>NA</u> 5. <u>NA</u>			

Sec. II	A. Quantity generated in 1988 Instruction Page 17 <u>0</u>	B. Quantity generated in 1989 Page 17 <u>495</u>	C. UOM Page 18 <u>5</u>	D. Density Page 18 <u>DK.</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	E. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW? Page 18 <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM I) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
SYSTEM 1			SYSTEM 2		
System type Page 18 <u>MI</u>		Quantity treated, disposed or recycled in 1989 Page 18 _____		System type Page 18 <u>MI</u>	
Quantity treated, disposed or recycled in 1988 Page 18 _____		Quantity treated, disposed or recycled in 1989 Page 18 _____		Quantity treated, disposed or recycled in 1988 Page 18 _____	

Sec. III	A. Was this waste shipped off site? Instruction Page 19 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)		
Site 1	B. EPA ID No. of facility to which waste was shipped Instruction Page 19 <u>MD980615298</u>	C. System type Page 19 <u>MI089</u>	D. Total quantity shipped in 1989 Page 19 <u>495</u>
Site 2	<u>NA</u>	<u>MI NA</u>	<u>NA</u>

Sec. IV	A. Waste minimization results in 1989 Instruction Page 20 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 21 <u>W</u> <u>W</u> <u>W</u> <u>W</u>	C. Other effects Page 21 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1989 due to new activities Page 21 _____	E. Activity/Production Index Page 21 _____	F. Source Reduction Quantity Page 22 _____	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME GTE VALENITE CORPORATION

1750 STEPHENSON HWY

EPA ID NO.

MD980901367



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1989 Hazardous Waste Report

FORM
GM

WASTE GENERATION AND
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 14 of the 1989 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description Instruction Page 15 <u>WASTE HAZARDOUS LIQUID-1,1,1-TRICHLOROETHANE</u>			
B. EPA hazardous waste code Page 15 <u>F001</u> <u>NA</u> <u>NA</u> <u>NA</u>		C. State hazardous waste code Page 16 <u>STILL BOTTOMS</u>		
D. SIC code Page 16 <u>3541</u>	E. Source code Page 16 <u>A19</u>	F. Form code Page 16 <u>B202</u>	G. Origin Page 16 Code <u>1</u> System type <u>MI</u> <u>NA</u>	
H. TRI constituent Page 17 <u>2</u>	I. CAS numbers Page 17 1. <u>1310-73-2</u> 2. <u>NA</u> 3. <u>NA</u> 4. <u>NA</u> 5. <u>NA</u>			

Sec. II	A. Quantity generated in 1988 Instruction Page 17 <u>550</u>	B. Quantity generated in 1989 Page 17 <u>495</u>	C. UOM Page 18 <u>5</u>	D. Density Page 18 <u>DK</u>	E. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW? Page 18 <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
SYSTEM 1 System type Page 18 <u>MI</u>		Quantity treated, disposed or recycled in 1989 Page 18 <u> </u>			
SYSTEM 2 System type Page 18 <u>MI</u>		Quantity treated, disposed or recycled in 1989 Page 18 <u> </u>			

Sec. III	A. Was this waste shipped off site? Instruction Page 19 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)		
Site 1	B. EPA ID No. of facility to which waste was shipped Instruction Page 19 <u>MD980615298</u>	C. System type Page 19 <u>MD3A</u>	D. Total quantity shipped in 1989 Page 19 <u>495</u>
Site 2	<u>NA</u>	<u>MI NA</u>	<u>NA</u>

Sec. IV	A. Waste minimization results in 1989 Instruction Page 20 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 21 <u>WI</u> <u>WI</u>	C. Other effects Page 21 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1989 due to new activities Page 21 <u> </u>	E. Activity/Production Index Page 21 <u> </u>	F. Source Reduction Quantity Page 22 <u> </u>	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME

GTE VALENTE CORPORATION

1750 STEPHENSON HWY, TROY, MI-48063

EPA ID NO.

M1D980901367



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1989 Hazardous Waste Report

OFF-SITE IDENTIFICATION

FORM

OI

INSTRUCTIONS:

Read the detailed instructions on the back of this page before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter M1D000820365	B. Name of off-site installation or transporter Inland Waters Pollution Control
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street NA City NA State Zip Code
Site 2	A. EPA ID No. of off-site installation or transporter M1D048090633	B. Name of off-site installation or transporter Wayne Disposal Inc.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR		D. Address of off-site installation Street 350 North Service Dr City Belleville State MI Zip Code 48111
Site 3	A. EPA ID No. of off-site installation or transporter M1D981953441	B. Name of off-site installation or transporter Techna Corporation
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street NA City NA State Zip Code
Site 4	A. EPA ID No. of off-site installation or transporter M1D980615298	B. Name of off-site installation or transporter Petrochemical Company
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR		D. Address of off-site installation Street 421 Lyncaste City Detroit State MI Zip Code 48214
Site 5	A. EPA ID No. of off-site installation or transporter M1D087478574	B. Name of off-site installation or transporter Great Lakes Environmental Services
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street NA City NA State Zip Code

Comments:

DRAFT - August 25, 1989

INSTRUCTIONS FOR COMPLETING FORM OI - OFF-SITE IDENTIFICATION

WHO MUST COMPLETE THIS FORM?

Sites required to file the 1989 Hazardous Waste Report must complete Form OI if:

- Form OI is required by your State, AND
 - The site received hazardous waste from off site or shipped hazardous waste off-site during 1989.
-

PURPOSE OF THIS FORM

Form OI documents the names and addresses of off site installations and transporters.

HOW TO COMPLETE THIS FORM

Form OI is divided into five identical parts. You must complete one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste and each transporter you used during the reporting year. If these off-site installations and transporters total more than five, you must photocopy and complete additional copies of the form. You do not need to report the address, Box D, for transporters.

Throughout the form, enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable. Use the Comments section at the bottom of the form to clarify or continue any entry. Reference the comment by entering the site number and box letter.

ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for every off-site installation to which you shipped hazardous waste and every off-site installation from which you received hazardous waste during the reporting year.

Complete Boxes A through C for every transporter you used during the year.

Box A: EPA ID No. of Off-Site Installation or Transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste or the EPA ID number of the transporter who shipped hazardous waste to or from your site. If the off-site installation or transporter did not have an EPA ID number during the reporting year, enter "NA" in Box A.

Box B: Name of Off-Site Installation or Transporter

Enter the name of the off-site installation or transporter reported in Box A.

Box C: Site Type

Check all that apply to describe the off-site installation or transporter reported in Box A.

Box D: Address of the Off-Site Installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter "NA" in Box D.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME STE VALENITE CORPORATION

1750 STEPHENSON HWY

EPA ID NO.

MLD980901367



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1989 Hazardous Waste Report

OFF-SITE IDENTIFICATION

FORM

OI

INSTRUCTIONS:

Read the detailed instructions on the back of this page before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>MLD980684088</u>	B. Name of off-site installation or transporter <u>Solvent Distillers</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <u>WA</u> City <u>WA</u> State <u> </u> Zip Code <u> </u> - <u> </u> <u> </u>
Site 2	A. EPA ID No. of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter <u> </u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <u> </u> City <u> </u> State <u> </u> Zip Code <u> </u> - <u> </u> <u> </u>
Site 3	A. EPA ID No. of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter <u> </u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <u> </u> City <u> </u> State <u> </u> Zip Code <u> </u> - <u> </u> <u> </u>
Site 4	A. EPA ID No. of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter <u> </u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <u> </u> City <u> </u> State <u> </u> Zip Code <u> </u> - <u> </u> <u> </u>
Site 5	A. EPA ID No. of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter <u> </u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <u> </u> City <u> </u> State <u> </u> Zip Code <u> </u> - <u> </u> <u> </u>

Comments:

DRAFT - August 25, 1989

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Throughout the form, enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable. Use the Comments section at the bottom of the form to clarify or continue any entry. Reference the comment by entering the site number and box letter.

ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for every off-site installation to which you shipped hazardous waste and every off-site installation from which you received hazardous waste during the reporting year.

Complete Boxes A through C for every transporter you used during the year.

Box A: EPA ID No. of Off-Site Installation or Transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste or the EPA ID number of the transporter who shipped hazardous waste to or from your site. If the off-site installation or transporter did not have an EPA ID number during the reporting year, enter "NA" in Box A.

Box B: Name of Off-Site Installation or Transporter

Enter the name of the off-site installation or transporter reported in Box A.

Box C: Site Type

Check all that apply to describe the off-site installation or transporter reported in Box A.

Box D: Address of the Off-Site Installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter "NA" in Box D.

CONVERSATION RECORD

TIME

~~1:20~~ 2:00

DATE

10/27/89

TYPE

☐

VISIT

☐

CONFERENCE

☒

TELEPHONE

☐

INCOMING

☒

OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

John Tarnowski

ORGANIZATION (Office, dept., bureau, etc.)

GTE Valuron

TELEPHONE NO:

913
589-6478

ROUTING

NAME/SYMBOL

INT

SUBJECT

Ownership of facility

SUMMARY

Asked John if there was a change in ownership and he said that GTE Valenite Corp had ~~changed~~ ^{transferred} to VSX Corp. He agreed to fill out another notification form. I mailed him a copy this afternoon.

ACTION REQUIRED

~~SA~~

NAME OF PERSON DOCUMENTING CONVERSATION

Sandra Akers

SIGNATURE

Sandra Akers

DATE

10/27/89

ACTION TAKEN

SIGNATURE

TITLE

DATE

RECEIVED

OCT 10 1989

U. S. EPA, REGION V
SWB - PMS

RECEIVED

OCT 05 1989

OFFICE OF RCRA
WASTE MANAGEMENT DIVISION
EPA, REGION V

VSX Corporation
1750 Stephenson Hwy.
Troy, MI 48083

September 27, 1989

Hazardous Waste Management Division
U.S. Environmental Protection Agency - Region V
Federal Building, 230 S. Dearborn
Chicago, Illinois 60624

Re: GTE Valeron Corporation Valcast Division
RCRA ID No. MID980901367

Gentlemen:

Please be advised that on or about September 29, 1989, the assets of GTE Valeron Corporation Valcast Division also known as Valcast Division, GTE Valenite Corporation, also known as GTE Valenite, VSX Division, located at 1750 Stephenson Highway, Troy, MI will be transferred to VSX Corporation. VSX Corporation, with principal offices located at 1750 Stephenson Highway, will become a wholly-owned subsidiary of Baltimore Specialty Steels Corporation.

We are hereby requesting that the RCRA ID No. MID980901367, presently in the name of GTE Valeron Corporation Valcast Division, be transferred to VSX Corporation 1750 Stephenson Highway, Troy, MI, Attn: John R. Tarnowski, President, VSX Corporation. An identical request has been made to the Michigan Department of Natural Resources.

If you require additional information, please contact me at 313-589-6478.

Very truly yours,

John R. Tarnowski

John R. Tarnowski
President
VSX Corporation

cc: R. Cattanach
M.R. Wear
R.E. Hein
R.C. Fuller

Certified Mail

LENITE

GTE

ite Corporation
henson Highway
8083

Fold at line over top of envelope to the right
of the return address.

CERTIFIED

P 523 056 877

MAIL



OR

**RETURN RECEIPT
REQUESTED**

60604



57

VALENITE**GTE**

September 28, 1989

GTE Valenite Corporation
750 Stephenson Hwy.
P.O. Box 3950
Troy, MI 48007-3950
313 589-1000

Hazardous Waste Management Division
U.S. Environmental Protection Agency - Region V
Federal Building, 230 S. Dearborn
Chicago, Illinois 60604

RECEIVED
OCT 05 1989
OFFICE OF RCRA
WASTE MANAGEMENT DIVISION
EPA, REGION V

RE: GTE Valenite Corporation Valcast Division
RCRA ID No. MID980901367

Gentlemen:

Please be advised that on or about September 29, 1989, the assets of GTE Valeron Corporation Valcast Division also known as Valcast Division, GTE Valenite Corporation, also known as GTE Valenite, VSX Division, located at 1750 Stephenson Highway, Troy, Michigan will be transferred to VSX Corporation. VSX Corporation, with principal offices located at 1750 Stephenson Highway, is a wholly-owned subsidiary of Baltimore Specialty Steels Corporation.

We are hereby requesting that the RCRA ID No. MID980901367, presently in the name of GTE Valeron Corporation Valcast Division, be transferred to VSX Corporation, 1750 Stephenson Highway, Troy, Michigan, Attention: John R. Tarnowski, President, VSX Corporation. An identical request has been made to the Michigan Department of Natural Resources.

If you require additional information, please contact me at 313-589-6056.

Very truly yours,

GTE VALENITE CORPORATION


Richard Cattanaach
Project Engineer
Safety/Environmental Department

RC/kf

cc: J. R. Tarnowski
M. R. Wear
R. E. Hein
R. C. Fuller

RECEIVED

OCT 10 1989

U. S. EPA, REGION V
SWB - PMS

VALENITE

GTE

Valenite Corporation
Stephenson Hwy.
Box 3950
MI 48007-3950



DR

Hazardous Waste Management Division
U.S. Environmental Protection Agency - Region V
Federal Building, 230 S. Dearborn
Chicago, Illinois 60604



55

VALENITE

GTE

GTE VALENITE

June 16, 1988

RECEIVED
JUN 21 1988

U.S. EPA, REGION V
WASTE MANAGEMENT DIVISION
OFFICE OF THE DIRECTOR

GTE Valenite Corporation
750 Stephenson Hwy.
P.O. Box 3950
Troy, MI 48007-3950
313-589-1000

Michigan Department of Natural Resources
Hazardous Waste Division
Box 30038
Lansing, MI 48090

Re: Enclosed Manifest

Dear Spokesperson:

There is an error regarding the Generator I.D. Number on the enclosed manifest. The proper number is: **MID 980901367.**

If there are any questions or further notification is required, please contact me at 313-589-6056.

Sincerely,



Richard Cattanaach
Safety/Environmental Department

/ls

enclosure

cc: Great Lakes Environmental
Petro Chem Processing
EPA Region V



MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐ PR. ☐

Required under authority of Act 34, P.A. 1979, as amended and Act 136, P.A. 1969.
Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Form Approved OMB No. 2050-0039 Expires 9-30-88

Please print or type

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. MI D 9 B 1 7 1 3 1 6 1 3	Manifest Document No. 3 2 1 4 4	2. Page 1 of 1	Information in the shaded areas is not required by Federal law
3. Generator's Name and Mailing Address 612 Valerich - Plant 33 1750 Stephenson Hwy. Troy, MI 48063				A. State Manifest Document Number MI 1232144	
4. Generator's Phone () 589-6056				B. State Generator's ID	
5. Transporter 1 Company Name Great Lakes Environmental				C. State Transporter's ID	
6. US EPA ID Number MI D 10 8 7 4 7 8 5 7 4				D. Transporter's Phone (313) 758-0400	
7. Transporter 2 Company Name SOLVENT DISTILLERS				E. State Transporter's ID	
8. US EPA ID Number MI 09 8048 4488				F. Transporter's Phone	
9. Designated Facility Name and Site Address Petro Chem Processing 421 Lycastr Detroit, MI 48214				G. State Facility's ID	
10. US EPA ID Number MI D 9 B 0 6 1 5 2 9 8				H. Facility's Phone (313) 824-5840	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER) HM			12. Containers No. Type	13. Total Quantity	14. Unit M/L/Vol
a. X Hazardous Waste Liquid, NOS ORM-E NA9189 (EPA Acetone)			005 DM	275	G
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above Mixed Solvents approval #2791 DO2-073-88			K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /		
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Anthony D. Minnino			Signature Anthony D. Minnino		Date 02/05/88
17. Transporter 1 Acknowledgement of Receipt of Materials			Date		
Printed/Typed Name LARRY C. STONERBERG			Signature Larry C. Stonerberg		Date 02/05/88
18. Transporter 2 Acknowledgement of Receipt of Materials			Date		
Printed/Typed Name J. BODKIE			Signature J. Bodkie		Date 02/08/88
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name J. BODKIE			Signature J. Bodkie		Date 02/08/88

AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE

ALL SP JUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICH CENTER ... 1-800-424-8802 24 HOURS PER DAY.

VALENITE

GTE

June 16, 1988

GTE Valenite Corporation
750 Stephenson Hwy.
P.O. Box 3950
Troy, MI 48007-3950
313 589-1000

Michigan Department of Natural Resources
Hazardous Waste Division
Box 30038
Lansing, MI 48090

Re: Enclosed Manifest

Dear Spokesperson:

There is an error regarding the Generator I.D. Number on the enclosed manifest. The proper number is: MID 980901367.

If there are any questions or further notification is required, please contact me at 313-589-6056.

Sincerely,



Richard Cattanach
Safety/Environmental Department

/ls

enclosure

cc: Great Lakes Environmental
Michigan Disposal, Inc.
EPA Region V



MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. ☐ DIS. ☐ REJ. ☐ PR. ☐

1979 as amended and Act 136 P.A.
1969
Failure to file is punishable under
section 299 548 MCL or Section 10 of
Act 136 P.A. 1969

Form Approved OMB No. 2050-0039 Expires 9-30-88

Please print or type

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No

Manifest
Document No

2. Page 1
of 1

Information in the shaded areas
is not required by Federal
law

3. Generator's Name and Mailing Address

GTE Valeron - Plant 83

1750 Stephenson Hwy.

Troy, MI 48083

4. Generator's Phone

589-6056

5. Transporter 1 Company Name

Great Lakes Environmental

7. Transporter 2 Company Name

6. US EPA ID Number

MI D 0 8 7 4 7 8 5 7 1 4

8. US EPA ID Number

10. US EPA ID Number

MI D 0 0 0 7 2 4 8 3 1

A. State Manifest Document Number

MI 1232145

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID (313) 758-0400

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

(313) 697-7830

11. US DOT Description (including Proper Shipping Name, Hazard Class, and
ID NUMBER)

12. Containers

No.

Type

13. Total
Quantity

14. Unit
M/L/Vol

1. Waste
No.

N/H

a. Waste
Mixed Oil and Water
Non-Hazardous

018

D M

9.90

G

021

L N

b. X Hazardous Waste Liquid, NOS
ORM-E NA9189 (EPA Cadmium)

001

D M

55

G

D006

H

J. Additional Descriptions for Materials Listed Above

a. approval #3195GLE

b. Unknown Green Sludge approval #3200 GLE

K. Handling Codes for Wastes
Listed Above

a/ /

b/ /

c/ /

d/ /

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by
proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway
according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined
to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the
present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste
generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Anthony D. Mannino

Signature

Anthony D. Mannino

Date

Month Day Year

02 05 88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

LARRY C. STONEBERG

Signature

Larry C. Stoneberg

Date

Month Day Year

02 05 88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in
item 19.

Printed/Typed Name

Signature

Date

Month Day Year



CONTINUE ON REVERSE

I.D. - FOR OFFICIAL USE ONLY

[illegible]

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1	F 0 0 5				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 1 5 9	U 2 2 8				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

2. CORROSIVE
(D002)

☐ 3. REACTIVE
[D003]

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

ATURE
W.L. 2 Pth

NAME & OFFICIAL TITLE (type or print)

Carl D. MacPetrie, Environmental Coordinator

DATE SIGNED

4/2/84



VALENITE
MODCO TOOLS
DIGITAL TECHNIQUES
VALCAST
VALFORM
VALCRAFT
VALDIAMANT INTERNATIONAL
VALENITE MINING PRODUCTS
VISUAL ARTS

T H E VALERON CORPORATION

750 STEPHENSON HWY. • P.O. BOX 3950 • TROY, MI 48007-3950 / PHONE (313) 589-1000 (USA) / CABLE: VALOR / TELEX: 23-0346 / 23-5360

April 5, 1984

Mr. Arthur S. Kawatachi
Regional Project Officer
U.S. Environmental Protection Agency
Region V
230 S. Dearborn Street
Chicago, IL 60604

Dear Mr. Kawatachi:

CHANGE OF OWNER/OPERATOR *gjh*

4/24/84

Enclosed are notification of Change of Ownership forms for those facilities of the GTE Valeron Corporation registered with EPA as Generators, TSDF's and Transporters.

If there are any other documents or filings required, I will forward them promptly upon notification by your office.

Yours very truly,

GTE VALERON CORPORATION

Richard Cattanach
Environmental Department

RC/mas

Encl.

RECEIVED

APR 09 1984

WASTE MANAGEMENT
BRANCH



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•MID980901367

INSTALLATION ADDRESS

VALERON CORP VALCAST DIV
750 STEPHENSON HWY
TROY MI 48084

1750 STEPHENSON HWY
TROY MI 48084

M 3-1-84

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

22 FEB 1984

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

M10980901367

T/A C

I

840118

I. NAME OF INSTALLATION

THE VALERON CORPORATION - VALCAST DIV.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3750 STEPHENSON HIGHWAY

CITY OR TOWN

TROY

ST.

ZIP CODE

MI

48084

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

51750 STEPHENSON HIGHWAY Hwy

CITY OR TOWN

TROY

ST.

ZIP CODE

MI

48084

OAKLAND
125

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

CATTANACH RICHARD - ENVR. ENGR.

313-589-1000

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

THE VALERON CORPORATION

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

Request is for a new I.D. Number - Site Change

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001	2 F005	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U159	32 U228	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

<input type="checkbox"/> 1. IGNITABLE (D001)	<input checked="" type="checkbox"/> 2. CORROSIVE (D002)	<input type="checkbox"/> 3. REACTIVE (D003)	<input type="checkbox"/> 4. TOXIC (D000)
--	---	---	--

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE Carl D. MacPetrie	NAME & OFFICIAL TITLE (type or print) Environmental Coordinator	DATE SIGNED 6/13/84
--------------------------------	--	------------------------

I.D. - FOR OFFICIAL USE ONLY												
5												T/A C
W												1
1	2										13	14 15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 5 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 1 5 9 23 - 26	32 U 2 2 8 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE  Carl D. MacPetric	NAME & OFFICIAL TITLE (type or print) Environmental Coordinator	DATE SIGNED 6/13/84
---	--	------------------------



VALENITE
MODCO TOOLS
DIGITAL TECHNIQUES
VALCAST
VALFORM
VALCRAFT
VALDIAMANT INTERNATIONAL
VALENITE MINING PRODUCTS
VISUAL ARTS

T H E VALERON C O R P O R A T I O N

750 STEPHENSON HWY. • P.O. BOX 3950 • TROY, MI 48007-3950 / PHONE (313) 589-1000 (USA) / CABLE: VALOR / TELEX: 23-0346 / 23-5360

January 12, 1984

Technical Permits and Compliance Section
U.S. Environmental Protection Agency
Region V
230 South Dearborn Street
Chicago, IL 60604

RE: The Valeron Corporation - Valcast Division
Request for New I.D. Number *MID 005 321 468, G*

Dear Sirs:

Enclosed please find your form 8700-12. I am requesting a new EPA I.D. number for this facility. I previously requested a number for this facility and the number was incorrectly assigned to our corporate headquarters at 750 Stephenson Highway. I would like to point out the similarity in addresses. The Valcast Division at 1750 Stephenson Highway is the address of the installation on this application.

If there are any questions, please contact me. Thank you very much.

Very truly yours,

THE VALERON CORPORATION

Richard Cattanach
Environmental Engineer

RC/mas

Encl.

RECEIVED
JAN 16 1984
WASTE MANAGEMENT
BRANCH

PLACE
1ST CLASS
POSTAGE
HERE

Technical Permits and Compliance Section
U.S. Environmental Protection Agency
Region V
230 South Dearborn Street
Chicago, IL 60604

ITY

DETACH ALONG THIS LINE